



# TRANSMITTAL FORM

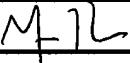
(to be used for all correspondence after initial filing)

		Application Number	09/544,523
		Filing Date	April 6, 2000
		First Named Inventor	Mikel A. Lehrman
		Art Unit	2615
		Examiner Name	Nhan T. Tran
Total Number of Pages in This Submission		Attorney Docket Number	ML-1

**ENCLOSURES (Check all that apply)**

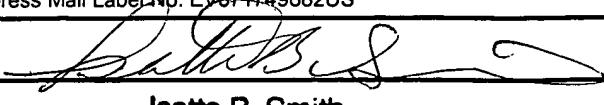
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	1) Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<p><b>Remarks</b></p> <p>A fee for additional claims is not required.        Total Claims: 37- 38 (HP) = 0 x \$25 = \$0.00        Independent Claims 9-9 (HP) = 0 x \$100 = \$0.00</p> <p>The Director is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number 06/1075 (Order No. 002111-0001). I have enclosed a duplicate copy of this sheet.</p>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Fish & Neave IP Group Ropes & Gray LLP		
Signature			
Printed name	Jeffrey D. Mullen		
Date	November 9, 2006	Reg. No.	52,056

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as Express Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Express Mail Label No. EV371749682US

Signature			
Typed or printed name	Isatta B. Smith	Date	11/9/06